FORM D

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U.S. SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

RECEIVED

OMB NUMBER: 3235-0076 Expires: November 30, 2001

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AUG 0 6 2002

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY
Prefix | | Serial
DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)						
Clinton Quantitative Equity Strategies Fund, LLC						
Filing Under (Check box(es) that apply): Rule 504 Rule 505		ILOE				
Type of Filing: New Filing Amendment						
A. BASIC IDENTIFI	CATION DATA					
1. Enter the information requested about the issuer						
Name of Issuer (check if this is an amendment and name has changed, and indicate	change.)					
Clinton Quantitative Equity Strategies Fund, LLC	~					
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)				
Address of Principal Business Operations (if different from Executive Offices) AUG 0 9 2002	i	(212) 825-0400				
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number				
(if different from Executive Offices) AUG 0 9 2002		(Including Area Code)				
2002						
Print Description of Programs		()				
Brief Description of Business FINANCIAI						
Securities Investment						
Type of Business Organization	_					
corporation limited partnership, already formed	other (please specify):					
business trust limited partnership, to be formed	Limited Liability Company					
Month Year	· _					
Actual or Estimated Date of Incorporation or Organization: [0 4] [0 2]		Estimated				
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: [D][E] CN for Canada: FN for other foreign jurisdiction)						

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer, Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Member Full Name (Last name first, if individual) Clinton GP, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 55 Water Street, 31st Floor, New York, NY 10041 Check Box(es) that Apply: Beneficial Owner Principal Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Hall, George E. Business or Residence Address (Number and Street, City, State, Zip Code) Clinton GP, Inc., 55 Water Street, 31st Floor, New York, NY 10041 Check Box(es) that Apply: General and/or Promoter Beneficial Owner Principal Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Clinton GP, Inc., 55 Water Street, 31st Floor, New York, NY 10041 Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Ruchalski, Francis A. Business or Residence Address (Number and Street, City, State, Zip Code) Clinton GP, Inc., 55 Water Street, 31st Floor, New York, NY 10041 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer General and/or Check Box(es) that Apply: Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. IN	FORM	ATION .	ABOUT	OFFER	ING				
1.	Has the i	ssuer sold,	or does the	e issuer inte	end to sell,	to non-accr	edited inve	stors in this	offering?		•			Yes No
					Answer	r also in Ap	pendix, Co	lumn 2, if f	iling under	ULOE.				
2.	What is	the minimu	ım investm	ent that wil	l be accept	ed from any	/ individual	2	••••		• • • • • • • • • • • • • • • • • • • •	*****		\$1,000,000
					•	ĺ								Yes No
3.	Does the	offering p	ermit joint	ownership	of a single	unit?								
4.	solicitati dealer re persons	on of purch gistered was of such a b	hasers in co ith the SEC roker or dea	nnection w and/or wit aler, you m	rith sales of h a state or	securities i	n the offer the name of	ing. If a per f the broker	rson to be li or dealer.	isted is an a If more tha	ssociated 1	person or ag	milar remun gent of a bro e listed are a	ker or
Full Nam	e (Last na	me first, if	individual)											
Rucinace	or Decider	oo Addres	s (Number	and Street	City State	, Zip Code)								
Dusiness	oi Residei	ice Addres	s (Mulliber	and street,	City, State	, zip code)								
Name of	Associated	Broker or	Deale r					two						
States in	Which Per	son Listed	Has Solicit	ed or Inten	ds to Solic	it Purchaser	S							
(Check	'All States	" or check	individual	States)										All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	_
Full Nam			individual)		[IA]	[01]	[[]	[VA]	[WA]	[** *]	[171]	[** 1]	[I K]	
Business	or Resider	nce Addres	s (Number	and Street,	City, State	, Žip Code)	1							
Name of	Associated	d Broker or	Dealer											
States in	Which Per	son Listed	Has Solici	ted or Inter	ds to Solic	it Purchaser	rs							
(Check	"All States	s" or check	individual	States)										All States
(0.111)	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	<u>.</u> 1215
Full Nam	e (Last na	me first, if	individual)											· · · · · · · · · · · · · · · · · ·
- D .			- AT 1	10	GU: G:									
Business	or Reside	nce Addres	ss (Number	and Street,	City, State	e, Zip Code))							
Name of	Associated	d Broker o	r Dealer		, .					<u>-</u>				
States in	Which Per	rson Listed	Has Solici	ted or Inter	nds to Solic	it Purchase	rs							
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)														
(Check	"All State. [AL] [IL] [MT] [RI]	s" of check [AK] [IN] [NE] [SC]	(individual [AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	All States
			-	(Use	blank sheet	, or copy as	nd use addi	tional copie	s of this sh	eet, as nece	ssary.)			

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEED	S
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an		
	exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
		_	
	Debt		\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)		\$
	Partnership Interests		\$
	Limited Liability Company Interests*		\$ 2,000,000
	Total* Answer also in Appendix, Column 3, if filing under ULOE.	. \$ <u>300,000,000</u>	\$2,000,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$ 2,000,000
	Non-accredited Investors	N/A	\$ N/A
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$ \$
	Rule 504		\$\$
	Total	***	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		. \$
	Printing and Engraving Costs		\$0
	Legal Fees		\$ 30,000
	Accounting Fees		. \$ 0
	Engineering Fees		· ———
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (identify) Miscellaneous (blue, sky fees, duplicating, courier, etc.)		
	Total	_	·
		الاتنا	- · · · · · · ·

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^{*} This is a continuous offering. Therefore, the aggregate offering price could be greater than or less than this amount.

C. OFFERING	G PRICE, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCEEDS		
b. Enter the difference bet Question 1 and total exper is the "adjusted gross proc	tween the aggregate offering price given in response to Parnses furnished in response to Part C - Question 4.a. This diceeds to the issuer."	t C - fference	*\$ <u>499,960,000</u>	
be used for each of the pur an estimate and check the	rposes shown. If the amount for any purpose is not known box to the left of the estimate. The total of the payments ligoss proceeds to the issuer set forth in response to Part C - C	, furnish isted		
		Payments to		
		Officers,	Dayer anta Ta	
		Directors, & Affiliates	Payments To Others	
Salaries and fees				
	g and installation of machinery and equipment			
	Construction or leasing of plant buildings and facilities			
	nesses (including the value of securities involved in this off		□ \$	
that may be used in excha-	nge for the assets or securities of another issuer pursuant to) a	— •	
merger)		\$	□ \$	
Repayment of indebtednes	SS	······ \$	\$	
			\$	
	d as described in Issuer's Confidential Private Placement		\$	
		□ \$		
Column Totals		······································	∑ \$499,960,000	
	olumn totals added)		199,960,000	
	D. FEDERAL SIGNATURE			
following signature constitutes an	otice to be signed by the undersigned duly authorized per a undertaking by the issuer to furnish to the U.S. Securi furnished by the issuer to any non-accredited investor pure	ities and Exchange Comn	nission, upon written	
Issuer (Print or Type)	Signature	Date	1 1	
Clinton Quantitative Equity Strates		elelit 81	110	
Name of Signer (Print or Type)	Title of Signer (Print or Type)			
Francis A. Ruchalski	Director of Clinton GP, Inc., Manag	ing Member		

* See asterisked comment on p.4.